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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on some Cases of Local Paralysis.—Delivered at St. Bartholomew's Hospital, Feb. 6, 1864. By JAMES PAGET, F.R.S.

The subject of the lecture was a man, aged 23, who was in the hospital, with total paralysis of the left upper extremity. From the house-surgeon's note, it appears that five weeks ago he was driving a cart, while in good health, and was pitched out of it upon his head. He was stunned, and remained insensible in the London Hospital for fifteen or sixteen hours. At the same time he cut his face, and bruised his left elbow. On recovering himself he found that he could not use his left arm. He does not know what parts of his body were injured, but he knows that he never had any bruising over his neck or upper arm; but there are still bruise-marks along the forearm. With the exception of transient headache, he suffered no inconvenience from cerebral disturbance.

He left the hospital at the end of nine days with his limb useless to him. He has attended there as an out-patient without any improvement from rest of the limb, or friction with liniments. Soon the arm began to waste, and occasionally he has had very intense pain from the shoulder to the fingers. He looks well, and feels in perfect health. His left arm hangs heavily in his other hand; he has absolutely no power over it, and can only lift his shoulder. On his thumb and forefinger are two sluggish ulcers, the result of his holding his hands closely to a fire without feeling it too hot. The upper arm is very flabby and wasted; the forearm the same, though in a less marked degree; it feels slightly warmer than its fellow. He has no sense of temperature, and does not know whether his finger is dipped into hot or cold water. The limb is rather duskier than the opposite arm, but there is no sensible difference in

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the pulse on either side. Sensation is better in the upper and inner part of the upper arm than in any other portion of the limb, perhaps from the intercosto-humeral nerves being unaffected; but there is also some sensibility in the outer part of the upper arm. The left pupil is smaller than the right, but both act equally well, and there is no defect of sight in either eye.

The condition of this man's arm must be ascribed, I believe (Mr. Paget said), to some injury of the brachial nerves—probably, though it is not evident how it happened, to an injury of the brachial plexus at the base of the neck or in the axilla. Such concussion as he suffered is not at all likely to have caused complete paralysis of one arm without any other symptoms of injury to the brain or spinal marrow; and the characters of the paralysis, its completeness, the coldness of the limb, its wasting, and the occasional severe pain, and the slough ing of the skin after moderate heating are just like the consequences of division, or great damage of the nerve trunks. Nearly all these things have been observed in two other cases that I have seen. In one of them (a little girl about 7 years old) a ladder fell on the back of the left shoulder, and then broke her leg. The exact manner of its fall was not known, but the integuments over the scapula and by the side of the neck were severely bruised. She was stunned and unconscious for less than ten minutes, and then perfectly recovered her senses. As soon as she had recovered from the shock, she called out, "Where's my arm," and from that moment to the time at which I first saw her, about four months after the accident, there had been perfect insensibility of the arm. It had been for a time painful subjectively, and there were some kinds of contact which distressed her, but she could feel no common touch, no heat or cold, and had only morbid sensations either spontaneously, or from some irritation. There had been also total loss of motion in the arm till within a month before I saw her, when the pectoral and posterior scapular muscles had regained slight power. Every part of the arm had greatly wasted, and it was habitually cold, with slight swelling and congestion of the hand.

Cases of so complete paralysis, and of wasting and neuralgia of a whole limb from an apparently insufficient injury of its nerve-trunks, and with no signs of injury of the brain or spinal cord are very rare. But cases in some degree resembling them are those of an arm or leg, from violent pulling. Violent dragging at a dislocated humerus has been followed, I believe, by paralysis of the muscles, not only of the shoulder but of the whole arm; and, more simply, a child lifted by the arm has had permanent paralysis of that limb. And the force required to do this is not great—one child may thus paralyze the limbs of another.

Some years ago I was consulted about a little boy, 9 or 10 years old, whose left arm, when he was an infant, was violently pulled by a little brother, and from that time for a long period, appeared powerless. But he had gradually gained some use of it, and when I saw him could move it in any way, and was fond of climbing with it. It was, however, comparatively extremely weak, and was small, like one emaciated. It was not short, but altogether not more than two-thirds of the size of the other.

Such injuries are rarer in the lower extremity, but here is an instance of one:—

A gentleman nearly three years before I saw him, was thrown over his horse, and dragged along for a quarter of a mile with his right foot in the stirrup, and with his face downwards, and his left hip-joint exceedingly on the stretch. Since that time he has had partial paralysis of the right limb, lately rather increasing. He dragged the limb after him, but it was little if at all, wasted, and the muscles on the thigh acted moderately well.

Another group of cases, which are probably of the same kind, are those in which pressure upon nerve-trunks, either severe or long-continued, may have similar consequences.

It has happened that a man going to sleep with his arms hanging over the back of a chair has, on awaking, found both arms paralyzed, and so they have long remained—a result that we can ascribe only to pressure on the brachial nerves producing a more abiding consequence of the same kind as that numbness and so-called deadness of the limb caused by sitting on the ischiatic nerve.

I have known a similar result follow tight ligature.

A gentleman, subject to epilepsy, con-

sulted me a few years ago, and gave this history of the case: He was a strong, muscular man, and in the two years before had had several slight, and some severe epileptic seizures, and the slighter ones were generally preceded by half a minute's mania. In one of these, a month before I saw him, he was seized by six labourers, who, in their fright, and against his violent resistance, tied him down, and tied his feet and hands and arms with strong, thin cords. The cords on his feet and body gave him only temporary trouble; but those on his arms and wrists did greater damage. They were twisted and tied as tightly as possible, and kept on for a long time, I think for some hours. The marks of some of their coils, in bands of bruised and brownish skin, were still distinct when I saw him. When he was set free, his hands and wrists were powerless and insensible; he described them as "dropping," like those of one with lead palsy. Soon after, the arms began to swell, and in the next four or five days they were in such a state of inflammatory œdema, that it was expected that portions of them would slough, or that there would be extensive suppurations, as with phlegmonous erysipelas. For three weeks after the injury he scarcely slept, on account of the severe pain in the injured parts. After the swelling subsided (which it did without suppuration) he began to regain slight power over the muscles, and slight and increasing sensibility of the hands; but at the same time, as well as, perhaps, during the swelling, a considerable wasting of the muscles of the forearms and hands ensued, so that, though they had been very robust, they now quickly became slender and puny. His general health suffered, but not severely. When I saw him, his condition was greatly improved, and he seemed evidently recovering all that he had lost. His arm bore still the marks of the cords both above and below the elbows. All the muscles below the elbows were wasted; but the wasting was chiefly evident at the wrist, and, most of all, in the muscles of the ball of the thumb, and of the little finger. Both his hands were ready to "drop" when he raised his forearms; but he could just hold up his left hand, and in this he could just bring one finger to the thumb, etc. In this hand, too, he had regained sensibility enough to feel when and where any part of it was touched, but not enough to discern objects minutely. The hand had fairly regained its shape and size, but the skin of the finger was smooth and glossy, and the cuticle of all the palmar surface had peeled. The right hand had recovered very little power; he could scarcely raise it, could hardly bring any finger to the thumb, and could hold nothing. Except in a few parts here and there also, the skin of this hand was nearly, or, in some places, completely insensible. Both hands were occasionally the seat of pain; they were both also very apt to become cold; movement and pressure did not increase the pain. There was no displacement or injury of bone or joints, and no deep-seated disease could be felt. The general health was good, and the pulses were natural.

Another case of a somewhat similar kind came under my notice some time ago. It was that of a lady who, ten weeks before I saw her, when she was playing with some children, had fallen on her face, while she had her wrists tied very tightly together behind her with a silk handkerchief. In her fall she pulled her right hand out from the handkerchief tied round the wrist; and in the instinctive effort to release her hand and save herself in falling, she pulled with great force, at the same time that the pull was resisted by the silk handkerchief tied round the wrists just above the joints. No sign of displacement or fracture was found by the surgeon who saw her directly after the accident. The pain was not severe, nor was the hand quite disabled, there was but slight ecchymosis, and no indication of her having fallen on the hand or struck it. But the hand remained after the injury very weak and very stiff, so that she could hardly move her fingers, and in all the distribution of the median nerve it was so numb that she doubted whether she could feel at all with it. Complete rest for the hand and arm were observed; warm applications, etc., were used. But when at the end of five weeks attempts were made to move it, and use frictions and liniments, swelling took place about the back of the hand and the fingers, and they became hot, and red, and glistening. The numbness no longer existed, but she had more pain, and no more ability of movement. The same state of things continued to the time at which I saw her.

In both these cases the loss of power,

and the defect and disorder of sensation were so much greater than any other consequences of the injury, that one cannot doubt a predominant injury of the forearm. But its effects were complicated by the damage of the muscles and fibrous textures, and the consequent hardening and adhesion of their structures.

From all the cases together, it is evident that long continued paralysis of both motion and sensation, attended with rapid wasting, and more or less of neuralgia, may ensue as a consequence of such injury of nerve-fibres as, probably, falls far short of rupture or destruction of their substance, and that these things in an extreme degree (as in the young man now in the hospital), be due to an injury which, neither in its manner of occurrence, nor in any other attendant character, would seem to have fallen with special severity on the nerve-trunks. It would seem as if the nerve-trunks might be rendered long incapable of their functions by such injury as, when occurring to the brain or spinal cord, we call concussion.

I am not acquainted with any case of the kind in which actual examination showed the state of the nerves. The exact pathology of the case is therefore unknown to me.

But of their treatment. It must be somewhat different in the cases of simple paralysis, and in those that are complicated with inflammatory hardening of textures, neuralgia, and other various symptoms.

For the former—for that of the man in the hospital, for example—the main design must be to maintain the nutrition of the limb, notwithstanding its inaction. And for this purpose there must be provided, in addition to whatever may be required for the maintenance of vigorous general health,

1. Constant warmth of the limb; the whole body must be warmly clothed; the paralyzed limb and its fellow especially so. No good or quick repair will take place in a cold limb.

2. Regular friction and shampooing, especially circular shampooing.

3. Localized galvanism, that every several paralyzed muscle may be made to contract.

4. Constant voluntary efforts; constant endeavours to attain every lost movement; and when any such endeavour is effectual, frequent exercise of the recovered power.

5. Swedish gymnastics, *i. e.*, set exercises for each muscle in which power is not wholly lost.

6. Guards against distortion from unbalanced actions of muscles, especially contracted fingers or elbows.

With these things patiently, that is, year after year continued, much good may be achieved. In the case already mentioned as exactly like that of the young man in the hospital, great good has been gained by a year's treatment; she can now move the elbow in flexion and extension, and draw the upper arm inwards, and slightly bend and extend the fingers. There are very distinct sensation in the whole arm and hand, and freedom from all pain; the natural temperature has been restored, and she has ordinary sensations of heat and cold. Galvanism seems to have done special good; the arm was observed to become weaker when it was omitted for a week.

But for the more complicated state, though the treatment must be essentially the same, it must be gentle with less of galvanism, and less force of movement, and less of voluntary exercise, for these can rarely be borne as they can be in the cases of simple paralysis.

In both the cases which have been referred to, of complicated injury to the structures above the wrist, much improvement has taken place. Two years after the accident, the first of these cases was reported to me as being much better; and of the second, the last note that I have (more than two years after the injury) is, that the hand was much better; the thumb and forefinger could be easily brought together, and all the fingers had become much more movable.

Two symptoms referred to in some of the preceding cases deserve particular notice; namely, what I have called the glossy state of the fingers, and the inequality of the pupils.

Glossy fingers appear to be a sign of peculiarly impaired nutrition and circulation due to injury of the nerves. They are not observed in all cases of injured nerves, and I cannot tell what are the peculiar conditions of the cases in which they are found; but they are a very notable sign, and are always associated, I think, with distressing and hardly manageable pain and disability. In well-marked cases, the fingers which are affected (for this appearance may be confined to one or two of them) are usually tapering, smooth, hairless, almost void of wrinkles, glossy, pink or ruddy, or blotched

as if with permanent chilblains. They are commonly also very painful, especially on motion, and pain often extends from them up the arm. In most of the cases this condition of the fingers is attended with very distinct neuralgia both in them and in the whole arm, and its relation to disturbance of the nervous condition of the part is, moreover, indicated by its occasional occurrence in cases where neuralgia continues after an attack of shingles affecting the arm. In two such cases I have seen this same condition of the fingers well marked, and only very slowly subsiding, and seeming unaffected by the ordinary treatment of neuralgia.

The inequality of the pupils is well marked in the man now in Darker Ward. The pupil on the injured side is always smaller than the other, but they both act equally well, and there is no defective sight. The same condition has existed ever since the injury in the young lady whose case I related next after his. Her right pupil, corresponding with the paralyzed right arm, is always smaller than the left, and there is a very slight appearance, which is said to be increased when she is not in perfect health, as if the right eye were a very little smaller or less open than the left.

My attention was called to the existence of this inequality of the pupils by Dr. Hughlings Jackson, who suggested also what seems not improbable, that it may be due to the relations of the brachial plexus to the cilio-spinal portion of the spinal cord.—*Med. Times and Gaz.*, March 26, 1864.

HOSPITAL NOTES AND GLEANINGS.

Addison's Disease of the Supra-renal Capsules with characteristic Melasma.—Edward G., aged 18, bookbinder, was admitted into Guy's Hospital, Sept. 10, 1863. He said that, about a year ago, his friends observed that his complexion was getting dark, but he himself felt well at the time, and was at work at his usual employment. About Christmas, 1862, he had an abscess in the neck, which made him feel ill; it soon completely healed, but he had not been well since. He had been getting weaker and thinner, but not uniformly, as he had been obliged to lay up three times, and afterwards was able to resume his employment. Had sometimes been sick; his complexion became dingy, and his skin had gradually been getting darker. On these three occasions he was laid up for a week or two at a time, with excessive weakness. At the beginning of August he was obliged to desist from work altogether, and had been unable to do anything since. His appetite continued good. Never had any pain in the back; knew of no consumption in his family.

On admission his appearance was very striking. The colour of his skin was of a deep bronze or olive-brown. The discoloration was not excessive or uniform, but yet very well marked; there were darker, almost black marks round the neck, but no patches nor pigment on the lips or on the mucous membrane. (He was much the colour of some Peruvians then in the hospital.) His only symptoms were those of prostration; he was too weak to rise from bed, and if he attempted to do so he was sick. His pulse was 84, and very feeble. He was spare, but not at all wasted; his mind was clear; respiration feeble; no cough; appetite good. He gradually got feebler, and in the last week of his life his prostration was excessive. His abdomen was contracted. As he lay in bed he did not seem so excessively ill; at the same time his pulse was quite imperceptible. There was no vomiting; the bowels were regular, and urine healthy. Irritability of the stomach came on, and was with difficulty checked; his prostration increased, and he died on the 28th of September.

Autopsy, twenty-four hours after death.—The heart was small, but healthy. The lungs were healthy, with the exception of one or two iron-gray, dense, but small, lobules at the right apex. There was no disease of the liver, spleen, kidneys, or intestines. The supra-renal capsules were the only structures in the body presenting any marked disease; in them there was scarcely any healthy structure left. The left one was enlarged, and infiltrated with low-organized product, partly calcareous; the right was similarly affected, but in a less degree. The left capsule encroached upon the branches of the semi-lunar ganglion, several of the larger branches of the ganglion being involved. There was no ulceration of the stomach, nor disease of the mesenteric or lymphatic glands.—*Lancet*, March 5, 1864.

Discoloration of the Skin.—This case, Dr. GREENHOW thought, would be considered interesting in reference to the possibility of similar ones being mistaken for the bronzed skin of morbus Addisonii.

The patient, who was 65 years of age, had been admitted into the Middlesex Hospital on June 3d last. She had been tramping about the country, and was in a very filthy condition and swarming with vermin, much emaciated and anæmic from hardship and long-continued scantiness of diet Her appetite, however, had never been impaired, and she was quite ravenous at the time of her admission. Face and conjunctivæ were sallow, and feet slightly œdematous. Under good diet and hospital management she had improved greatly in flesh and strength, and was now in very good condition.

The following notes of her case were taken by Dr. Greenhow on August 24:—

Pulse 86, of fair volume, not particularly compressible. Face scarcely sallow, but a little dark under the eyes. Conjunctivæ slightly yellow and muddy-looking. Tongue clean and normally red. Lips and buccal membrane also of normal colour. Arms from a little below the insertion of the deltoid downwards, and legs below the knees, were also of normal colour. Body generally of a dark black-brown colour, excepting a large patch in the lower part of the left axillary region, and a smaller patch over the costal cartilages on the same side. The darkness not greater at the axillæ nor around the nipples, which are of normal colour and appearance, neither any increase of darkness round the navel. The dark surface has, on close inspection, a mottled appearance, being interspersed with minute patches of normal-coloured skin. The integuments, viewed under a lens, appear, in fact, to be of four shades of colour, viz: 1. The normal colour. 2. A yellowish sallow hue. 3. Brown colour. 4. Specks of almost black hue. The darker patches appear to consist of small specks, or points of black and brown conglomerated together, and in some places the darkened cuticle under the lens looks raised, and in others a little rough. The appearance of elevation is especially noticeable in those darker patches which do not fade into a lighter degree of darkness, but end abruptly in pale, apparently normal coloured skin. Discoloration in front gradually fades into a yellowish sallow hue under the chin, and there disappears. Discoloration rather paler on back than on chest, and extends from the hair downwards to thighs. On anterior surface of legs numerous small isolated spots, some of which, under the lens, look red, others rough or covered with a small crust, others brown, closely resembling the darker patches on the trunk. A few similar spots on arms.

On August 26, in order to determine the seat of the discoloration, the cuticle was raised in two small patches on the chest by the use of liquor vesicans, and for some weeks after the healing of the blistered surface those parts remained pale, but gradually resumed the dark colour of the surrounding skin. Patient was ordered to have an alkaline warm bath three times a week, and to take a full dose of nitro-muriatic acid.

Under this treatment the discoloration has very considerably diminished, especially at the axilla, and on the back and shoulders, on which considerable friction has been used after the baths, and the woman's health has become perfectly good.

From the description and the history of the case it was, Dr. Greenhow thought, evident that, although the discoloration of skin at first sight strongly resembled that found in morbus Addisonii, yet the entire absence of the characteristic constitutional symptoms, the almost entire absence of the discoloration from the face and other exposed parts, and the patchy character and defined margin of the discoloration itself conclusively distinguished it, in Dr. Greenhow's opinion, from true cases of Addison's disease.—*Med. Times and Gaz.*, April 2, 1864.

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Bromide of Potassium in some Forms of Infantile Convulsions.—E. P., aged 10 months, a female, pale, with a prominent forehead, and rather large abdomen, supported solely by the breast; cut four central incisors with diarrhœa, but no convulsions. The upper lateral incisors are now protruding the gums, which are swollen and tender; fontanelle depressed; bowels rather costive; was seized with a violent paroxysm of convulsions; urine pale and abundant. After a few hours had a second attack of equal severity. A medical man who was consulted incised the gums freely, gave some brisk cathartics, and ordered hot baths, with cold

lotions to the head to be used in the event of a return of convulsions; but the paroxysms continued to recur at irregular intervals. On the third day the child was brought to the hospital. Dr. Jones prescribed a mixture of bromide of potassium in doses of two grains, with ammonia and camphor mixture every six hours. About two hours after the first dose the child had a paroxysm of convulsions, but of a much milder kind, after which there was no relapse.

S. B., aged 11 months, a male, a tall, thin child, with skin and hair remarkably fair, was taking, in addition to the breast milk, a teacupful of Oswego corn-flour pap night and morning; cut all the incisor teeth without any apparent suffering or derangement of the health. Upper bicuspids are protruding the gums, which are much inflamed and swollen. Had been much frightened, being violently shaken by a girl who had charge of him. Fontanelle depressed; pupils small; aversion from light. Convulsions came on about 11 o'clock P. M. during sleep, and continued for ten minutes. A hot bath was given, and the gums were freely incised. The convulsions ceased for two days, but returned the third day with increased severity. Dr. Jones prescribed two grains of bromide of potassium to be repeated every four hours. There was no return of convulsions, and the child soon lost the aspect of fear and distress, which previously were well marked.

J. G., aged two years and three months, a well-developed boy, but anæmic, very timid, and with peculiarly restless eyes, dentition complete, three days before his first attendance was seized with convulsions of a very severe type, which continued to recur at irregular intervals twice or three times a-day. A dose of calomel was given, followed by castor oil and turpentine, but with no improvement. No worms were discharged. Bromide of potassium was then given in doses of three grains every six hours. The first day of this treatment there was one rather violent paroxysm of convulsions and another less severe, after which they entirely ceased. The bromide was continued in progressively diminished doses for ten days, after which he took the perchloride of iron in small doses. He was brought as an out-patient for two months. He appeared at the end of that time in perfect health.

I have taken these three cases as typical of a form of infantile convulsions commonly met with in large towns and crowded localities. However much these little patients may differ in aspect or appearance, there is one pathological condition common to us all—viz., hyperæsthesia of the nerve centres, coupled with anæmia and complete absence of all symptoms of inflammation There is an aspect of timidity and an expression of anxiety highly characteristic. The child often talks or mutters in his sleep. He seems to dream a good deal, often starts up frightened, and is apt to wet the bed. The urine is pale and copious, the tongue clean, the pulse is weak and irregular in number, the fontanelle, if still existing, is *always* depressed. The appetite is generally good, often ravenous; the bowels sluggish. It is of great importance to distinguish between these cases and those of a sthenic type and arising from encephalic inflammation. If depletory measures be employed, such as leeching, frequent purging, antimony or calomel in repeated doses, the little patient grows rapidly worse, the convulsions recur with increased severity and frequency. Such treatment adds to the morbid sensitiveness of the nerve centres. If, on the other hand, means be adopted which tend to support the strength and to calm the excessive irritability of the nerve centres, the convulsions cease. Opium is often of great service in these cases. It has been condemned by many as an uncertain medicine in convulsions, but it is only so when given indiscriminately. In the cases under consideration it proves very useful, but it should be used with much caution if the diagnosis be imperfect. But my chief purpose in making these remarks is to draw your attention to the action of the bromide of potassium in these cases. It appears to have a powerful sedative effect on the morbidly irritable nerve centres; its power in controlling reflex excitement of the voluntary muscles is very remarkable. This property is well exemplified by the experiments of my friend, Dr. Gibb, who has used it successfully to diminish the spasmodic action of the muscles of the pharynx on the application of the laryngeal mirror. I have now tried it in many cases of infantile convulsions of the type indicated by the cases I have brought under notice with very good results. Its effect is rapid, one or two doses being often sufficient to arrest the

tendency to convulsion. From the rapidity of its action it would seem to be a direct sedative either to the cerebro-spinal centres or to the vasomotor nerves, probably to both. As an eliminant it is much inferior to the iodides, whereas the latter have much less claim to the character of sedative.—*Med. Times and Gaz.*, March 5, 1864.

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Menstrual Retention from Imperforate Hymen, with Distension of one of the Fallopian Tubes.— Ellen G., æt. 17, servant, was admitted into the London Hospital, Feb. 16, 1864, under the care of Mr. Curling. States that up to five weeks before admission she had always enjoyed good health, but had never menstruated. About this time she began to feel shooting pains above the pubes, and at the same time noticed a tumour in the lower part of the abdomen.

On admission she was pale and weak, and complained of great pain in the abdomen, accompanied with difficulty in micturition and defecation, the bowels only acting once in two or three days with medicine. Dr. Barnes saw the patient with Mr. Curling. On examination, the hymen was found imperforate, thickened, and forming a tense, elastic projection between the labia. A tumour was felt in the hypogastric region. It was of an elongated form, and very movable. On passing the finger into the rectum, a large tense swelling in front projected into the bowel, and almost blocked up the passage. She had considerable difficulty in micturition, and had suffered from retention of urine two or three times, and been relieved with a catheter.

As the symptoms are obviously dependent on retention of the menses, it was determined to relieve this by opening the hymen, which was done the next day by Mr. Curling, who excised a circular portion of the thickened membrane. The incision was followed by a copious flow of a dark grumous fluid, like pale treacle, which continued to ooze away for several days. On examination of the fluid with the microscope, the blood globules were found well preserved.

Feb. 20. Patient says she has been almost entirely relieved by the operation, but still feels slight pains occasionally. The tumour in the abdomen has quite disappeared. Has had some castor oil, which relieved the bowels, and the appetite is much better.

24th. Discharge has quite ceased, and she feels no pain. Mr. Curling, having ascertained by examination that there was a free aperture in the hymen, allowed her to leave the hospital on the 27th.

Mr. Curling, in some clinical remarks, stated that the case just related was not very common, but was one of considerable practical interest. The escape of the menstrual fluid being prevented, an accumulation takes place in the vagina, causing a tumour, which presses on the bladder and rectum, and seriously interferes with micturition and defecation. In this instance the duration of the retention was short, so that there was no symptom of any great enlargement of the uterus; but there was an oblong tumour loose in the abdomen, which was no doubt produced by distension of one of the Fallopian tubes. During his long connection with the hospital a few cases of this affection had come under his notice. In 1836, a single woman, forty-two years of age, applied for relief as an out-patient on account of difficulty of menstruation; and on examination the hymen was found closed. It appeared that upwards of twenty years before she had been operated on by Sir Benjamin Brodie, who had discharged a large quantity of menstrual fluid. The part had since closed several times, and had been repeatedly lanced. The late Mr. John Scott, then surgeon to the hospital, managed to introduce a director without much force, and let out about ten ounces of a thick dark-coloured fluid. The tendency to closure which had existed so long in this case showed him (Mr. Curling) the importance of making an opening that would remain patent; and in operating on E. G—— he was particular to excise a portion of the thickened membrane, so as to insure afterwards a permanent aperture.

Some years ago, a stout young woman, aged eighteen, was admitted into the hospital on account of supposed retention of urine. On attempting to pass a catheter, Mr. Curling discovered a tumour in the vagina pressing on the bladder, and which rendered the introduction of the instrument difficult. The bladder was nearly empty. The hymen was imperforate, and formed a large conical projection. The bowels were constipated, and the rectum was found to be encroached upon in front by a fluctuating tumour. The abdomen was much distended,

and the patient complained of great pain in the back and loins, and was unable to sleep. He ascertained that she had never menstruated, and that these symptoms had been coming on gradually for several months. Mr. Curling punctured the thickened hymen with a lancet, when a thick reddish-brown fluid spirted out to some distance, and after excising a portion of the membranes upwards of two quarts of this fluid escaped. She was immediately relieved. A slight discharge ensued for a few days, and in a week she left the hospital.

Though he had not himself witnessed any serious result, it was right to state that the retention of the menstrual fluid was not free from danger. It has happened after the operation that fatal peritonitis has been set up. This is supposed to have arisen from the fluid contained in the Fallopian tube escaping into the abdomen. He was not therefore free from anxiety respecting the issue of this case, and was happy to find that the abdominal tumour disappeared without any ill result, the retained fluid no doubt having passed from the Fallopian tube into the uterus, and found its way out by the vagina.—*Lancet*, April 2, 1864.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death following the Excision of a Nævus.—[Dr. S. Cabot related under this title, to the Boston Society for Med. Improvement, the following case, which it appears to us might with equal, if not greater, propriety be denominated, death following the administration of ether.]

March 8th—A child 7 months and a few days old was brought to my office for advice, in reference to a vascular tumour (raspberry), situated on the right side of the os frontis, at some distance in front of the coronal suture. As it was increasing rapidly in size, I advised that it should be removed at once, and as it was situated over a smooth bony surface, favourable for the easy arrest of bleeding, I decided to excise, rather than to apply ligature. Assisted by my neighbour, Dr. J. C. White, who kindly attended to the etherization, I cut out the tumour by two semilunar incisions, extending through the scalp. There was but little bleeding, about an ounce—certainly not two ounces of blood were lost; two small vessels were tied, and the sides of the wound were brought together by interrupted silk sutures. A compress and bandage were applied, and the operation terminated. It took but a short time, and Dr. White says that not more than an ounce of ether was used.

I was obliged to leave my house as soon as the operation was finished, and did not return till after the patient had gone. I told the father of the child to call in a physician and have the stitches removed on the second day.

I should have thought no more about the case, as nothing about it gave any ground for anxiety, if I had not received, on the 14th, a letter from Dr. A. LeB. Monroe, dated 11th, saying, "The child from whose head you removed an erectile tumour last Tuesday, died the next day. I was called the next morning. Pulse very weak and frequent, skin cool, pupils dilated, conjunctivæ injected. At 3 P.M., pulse imperceptible, pupils more dilated, and unaffected by a strong light, respiration slow and difficult; died an hour or so after.

"This morning made a *post-mortem* examination. Upon reflecting the scalp, the intervening cellular tissue was found infiltrated with blood, from an inch or more forward of the wound, back over the occiput to the nape of the neck. The track of blood varied from one to two inches in width. Upon removing the calvarium, the vessels of the brain were seen unusually distended, and the brain itself rather softer than we usually find it without disease. The mother says the child never recovered perfect consciousness; it nursed once on the way home, and once afterwards. About 12 P.M. it vomited, and after until 2 A.M." Dr. M. in a subsequent letter says: "The ligatures you applied remained firm, and I found no artery unligated." Dr. M. told me afterward that there had been no escape of blood externally, the dressings were unstained.

On reviewing this case, we find a healthy child, after an operation involving a small surface of the head (the wound when closed not being more than an inch in length), accompanied by very moderate loss of blood and small degree of etherization, remains in a state of partial unconsciousness for twelve hours, then it is seized with vomiting, which lasts for two hours, followed by collapse and death in twelve hours more—the whole time from the operation to the death being

about twenty-six hours.—*Boston Med. and Surg. Journ.*, April 14, 1864.

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Permanganate of Potash in Diphtheritis.—Dr. Rochester called the attention of the Buffalo Medical Association to the use of permanganate of potash in diphtheritis and other anginose affections. Employed as a gargle, two grains to the ounce of water, he said, it entirely removed fetor and appeared to allay and abate morbid action. His experience with it, however, only extended to five cases.—*Buffalo Med. Journ.*, April, 1864.

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College of Physicians and Surgeons, New York.—At the annual commencement in March last the degree of M. D. was conferred on 72 candidates.

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University Medical College.—At the commencement of the medical department, on the 4th of March, the degree of M. D. was conferred on 59 candidates.

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Bellevue Hospital Medical College.—At the commencement, held on the 3d of March last, the degree of M. D. was conferred on 95 candidates.

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The Medical College of Ohio.—At the annual commencement, held on the 1st of March last, the degree of M. D. was conferred on 31 candidates.

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Starling Medical College.—At the commencement, held on the 1st of March last, the degree of M. D. was conferred on 32 candidates.

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Buffalo Medical College.—At the commencement, held on the 23d February last, the degree of M. D was conferred on 41 candidates.

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Chicago Medical College.—At the commencement held on the 1st of March the degree of M. D. was conferred on 17 candidates.

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Medical Institution of Yale College.—Stephen G. Hubbard, M. D., of New Haven, has been elected Professor of Obstetrics in this institution to fill the vacancy occasioned by the resignation of Dr. P. A. Jewett.

FOREIGN INTELLIGENCE.

Brandy in Phthisis.—M. Tripier recommends the use of brandy in phthisis, to fulfil a particular indication. The idea was suggested by an experiment of Claude Bernard's, who noted that, when dilute alcohol was injected into the stomach of dogs at the beginning of digestion, the digestion was arrested. M. Tripier thence concluded, that the fact might be accounted for on the hypothesis that local anæsthesia prevented the reflex action of secretion; and, therefore, argued that the ingestion of alcoholic drinks, taken in quantity sufficiently weak to allow the local effect to predominate, would prevent all motor reflex manifestations connected with the secretion of gastric juice. For example, by giving brandy immediately after a meal, so as to render the stomach insensible, he concluded that he might arrest the attacks of cough, followed by vomiting, which are so often observed in the phthisical, and which are manifestly phenomena of the reflex character here spoken off. The result, he says, fully corroborated his anticipations. "Thus I believe," says M. Tripier, "that brandy, so far from being injurious in phthisis, when taken in the manner enjoined, diminishes both cough and sweating."—*Brit. Med. Journ.*, Feb. 13, 1864.

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A new "Cure" for Pertussis.—Several children suffering from whooping-cough at Calais have been taken to the gas-works of that town, and caused to inhale the fumes which are disengaged during the purification of the gas by lime. The success is said to have been most remarkable, great relief at once following exposure to these fumes for a few minutes, and two or three visits sufficing to produce a complete cure.—*Med. Times and Gaz.* April 2, 1864.

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Hemorrhage from the Bowels in Typhoid Fever.—Dr. Graves considers that hemorrhage from the bowels in typhoid fever was not, as a rule, a dangerous symptom. Trousseau also agreed in this, that the symptom was not nearly so dangerous as it was generally supposed to be by practitioners; indeed, he even went further, and considered it favourable. Dr. Boys de Loury, of Saint Lazare, has lately made a similar remark. M. Costilhes has also observed the same; but he holds that

hemorrhage is of service only in the early stage of typhoid, and as critical hemorrhages. M. Peter, of Hôtel-Dieu, relates the case of a young woman who had been often bled in previous disease, and wished to be bled when suffering from typhoid fever. She was, however, not bled; but, at the fifteenth day of the fever, she had three abundant hemorrhages from the bowels, and thereupon followed a notable amelioration of her symptoms. Shortly afterwards, a young man there had a considerable hemorrhage in the third week of the fever—passing a *litre* and a half of blood, and on the second day afterwards recovered rapidly.—*British Med. Journ.*, Jan. 9, 1864.

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Supplementary Anæsthetic.—M. Nussbaum pretends that he has discovered a supplementary anæsthetic. Whilst patient was under the influence of chloroform, a solution of acetate of morphia was injected subcutaneously; and the result was, that the patient did not awake out of a tranquil sleep for twelve hours. M. Nussbaum repeated the experiment, and successfully in three other cases of operation.—*Ibid.*

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Two peculiar Properties of Chloroform Independent of Anæsthesia.—Mr. Miller described these to the Medical Society of London. He said the external application of chloroform produced a benumbing sensation. He had neuralgic pain of the throat on one occasion, and a liniment of chloroform rubbed in produced no effect, but on soaking a piece of linen in the liniment and applying it, a burning sensation and redness were produced as if a mustard poultice had been applied. He had used it the last four years in preference to a mustard poultice; it was cleaner, and ten minutes were sufficient to produce the desired effect. The liniment consisted of one drachm of tincture of opium, two drachms of chloroform, and two ounces of soap liniment.

The liniment was tried on the hands of several of the Fellows, and in two minutes violent burning heat and redness were produced.

Dr. Kidd observed that we were quite familiar with the blistering effects of chloroform, and he generally smeared oil on the face before using it.—*Lancet*, April 9, 1864.

A Forearm wrenched off during Efforts at Reduction for Dislocation.—M. Adolphe Guérin related to the Paris Surgical Society, of which he is a member, the following extraordinary case. A woman aged sixty-three was admitted into the St. Louis Hospital for a luxation of the shoulder-joint of three months' standing. On examination, it was found that the humeral head was lying under the coracoid process; and, notwithstanding the long time the dislocation had existed, M. Guérin immediately gave directions for an attempt at reduction. Not having pulleys at hand, mere traction was tried first. Extension was made by a lac, first fixed above the elbow, and afterwards at the wrist. Counter-extension was employed as usual, and four very intelligent and steady pupils were desired to pull gently, steadily, and without jerking. Whilst traction was thus gradually being accomplished, a snapping noise was heard, and the forearm fell to the ground, the operators, rather terrified, being besprinkled with blood from a spouting artery. M. Guérin controlled the vessel immediately, applied a ligature, pared the wound, sawed off the protruding portion of the humerus, covered the wound with a lateral flap formed by the tearing process, and obtained a stump of the usual kind. By examining the forearm lying on the ground, it was found that the severance had taken place at the elbow, and the forearm seemed to have broken off like a dead bough breaks off from a tree. The bones and surrounding parts were soft and friable, and the muscles could be easily unravelled with the finger, like a clot of blood. All the textures, in short—vessels, nerves, muscles, and bone—were discovered to be unsound, and the radius and ulna were snapped across by the moderate traction which the students had employed. Microscopic examination confirmed these views. M. Guérin considered that the alterations above alluded to were the result of the compression of the brachial plexus during the luxated state of the head of the humerus; and he thought that the practical lesson to be derived from this accident was, that surgeons having to treat luxations of three months' standing will do well to order tractions of a very moderate kind, so as to avoid so unpleasant an issue as the one just described. It seems to us that the *age* of the woman had a great deal to do with the result; nor can it be over-

looked that the pulling of four persons at an aged patient's arm was in itself a procedure of some peril.—*Lancet*, March 26, 1864.

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Experiments in France on Grease or Sore Heels of Horses.—Jenner says that the cow-pox is the grease of the horse which has been communicated to the teats of the cow by the hands of men having the care of greasy horses. M. Depaul of Paris, maintains that the aphthæ of the horse's mouth are simply the variola of the horse, which variola, communicated to the cow, has, by Jenner, been called vaccinia. Small-pox is at the bottom of it all, and passes from the horse to the cow, and from the latter to man. Under these circumstances, M. Auzias and M. Mathieu have experimented on a large scale upon cows to prove that the grease is *not* infectious, as sound horses living with greasy horses, but not touching them, did not take the disease; and they proved also (a fact fatal to M. Depaul's theory) that grease and aphthæ are not the same thing, as the grease can be inoculated on aphthous cows.

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Coca.—The resemblance of the word to cocoa—a species of palm yielding the cocoa-nut—and to cacao, the fruit of the *Theobroma cacao*, is apt to lead people to imagine that it is derived from one or other of these plants. This is not the case; coca is a name given to a shrub (*Erythroxylon coca*) which grows on the eastern declivities of the Andes of Peru and in Bolivia. It grows wild, but it is also cultivated. The leaves are collected and dried, either in the sun or over a fire. Great care is observed to keep the leaves dry, as damp soon renders them inert. Their flavour, Von Tschudi states, is slightly bitter and aromatic, and very like the inferior kinds of green tea. In the fresh state, the smell is almost overpowering. Weddell says that the leaves were used in the time of the first Incas, but only by the sovereigns and by the priests in their religious ceremonies. The juice of the thorn-apple was also used by the latter, to throw themselves into a state of ecstasy; and the Indians still believe that they can, by drinking it, hold communication with the spirits of their ancestors. In Peru each Indian carries a pouch with the dried leaves and a gourd with unslacked lime. When he takes the leaves, which he does four times a day, he chews them until they form a ball, and then inserts a little of the lime into the centre. Europeans, when they begin to chew, use sugar, but they soon have recourse to something more pungent. All the mountain Indians, Von Tschudi states, use from one ounce to one and a half ounce a day. It excites a copious flow of saliva. Its action resembles that of the thorn-apple, rather than that of opium. It produces dilatation of the pupil. Weddell says that it acts as a sustaining stimulant. In addition to increasing the flow of saliva, observes Wackenroder, it produces a sense of warmth and fulness in the stomach, increases bodily activity, and checks the occurrence of hunger and sleep. It never causes, even when taken to excess, sleep. The coca-chewers require but little food, Tschudi states; but Weddell did not find this to be the case: they were able to go a long time without food, but when they did eat they consumed as much as those who did not chew. Abused, it produces a peculiar aberration of the mind, indicated by hallucinations (Weddell), and after some years wears out the mental activity. The gait becomes unsteady, the teeth greenish stumpy, breath offensive, lips and gums pale, and the skin yellow, and the expression of the face apathetic (Tschudi). In moderate quantities it is conducive to health, and the Indians live long. Tschudi employed an Indian 62 years of age, for five days and five nights at digging. He took only two hours sleep nightly, and but very little food. He chewed the leaves constantly, renewing them every three hours. He drank a strong infusion of the leaves when at Puna, 14,000 feet above the sea; it enabled him to climb the heights without difficulty. He had no cerebral excitement, but felt great anxiety and a disinclination for food for some time afterwards. It would, he observes, be a better stimulant than ardent spirits. It contains an active principle analogous to theine, which has been called cocaine. Weddell seems to have been the first who obtained it. Frémy, who made a more careful analysis, says that it is very bitter, uncrystallizable, soluble in alcohol, but insoluble in ether.—*British Med. Journ.*, Feb. 6, 1864.

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Cinchona Culture in Jamaica.—Our readers are aware that the cinchona is now

being successfully cultivated in India, and it appears from a recent number of the *Jamaica Guardian*, that Staff Surgeon Daniell has completed some investigations of a provisional character, intended as a test to determine whether the island of Jamaica could not furnish indigenous cinchonoid remedies, independently of those imported from foreign sources. These experiments, we are happy to say, hold out the encouraging prospect, that by the judicious cultivation of the cinchonas, a much greater elaboration of their alkaloid constituents may be educed than those furnished by the same trees in their primitive condition. This is a conclusion, we may remark, partially confirmed by the results of practical inquiries on the plants acclimated in the East Indies. The species of cinchona constituting the subject of these experiments were C. succirubra (a red bark), C. micrantha, and C. nitida (gray barks). The leaves were the parts employed. They were the products of specimens of young shoots transplanted in 1861 from the general depot of the Bath Botanic Gardens (W. I.), to the "Cold Spring Coffee Plantation" of Jamaica, a locality of above 4000 feet of elevation, well adapted for their development and propagation. In the course of a year, one of the hardiest species and shoots gained nearly four feet in height, and all the seedlings were, according to a recent report, in a remarkably healthy and flourishing condition. That one species at least—C. succirubra—can be grown most advantageously also at a lower altitude is clear from the fact that it yields there a richer percentage of quinine and cinchonine than any other species, not excepting the famous yellow bark, C. calisaya. In the recent inquiries upon the leaves sent by Mr. Wilson from the plantation to Dr Daniell, the portions in question yielded, according to a rough estimate, as much as 0.75 to 1 00 per cent. of alkaloids, and this leads to the inference that West Indian bark may supply a good average proportion of these febrifugal elements. In their extraction, the formula followed was that of the old Edinburgh Pharmacopœia, in the preparation of quinine from yellow bark, on account of the ease and simplicity of the process. As we before remarked, Dr. Daniell's and Mr. Wilson's experiments can be regarded as only provisional. Still, thus far, the two great problems, whether the climate and altitude of the mountain regions of Jamaica might be found propitious for these invaluable products, or whether under such circumstances they would yield a sufficient supply of febrifugal alkaloids to repay the cost and trouble of cultivation, have been answered decisively in the affirmative.—*Lancet*, March 26, 1864.

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Diseases of overworked Men.—Time was, when the very phrase, diseases of overworked men, would have been considered foolish. Now it conveys a truth of national importance. From being a comparatively idle world, we have of late become an insane world on the subject of labour. So long as the muscles merely were employed, so long little harm was done; we remained men; now we aspire to be gods, and we pay the forfeit of our ambition. From overwork we now get a class of diseases the most prolonged, the most fatal. The suns of our best men go down at noon, and so accustomed are we to the phenomenon that we cease to regard it as either strange or out of place. It is through the mind, now, that the body is destroyed by overwork; at all events it is so mainly. The men of intense thought—men of letters, men of business who think and speculate, men of the State who are ambitious to rule, these men are the sacrifices. With them, the brain has not merely to act on its own muscles, bidding them perform their necessary duties, but the one brain must needs guide a hundred other brains, and all the muscles thereto appended. An electric battery works a single wire from the City to Brighton, and does its work well, and goes on for some months before it is dead or worn out. Can it do the work of a hundred wires? Oh, yes, it can; but it must have more acid, must wear faster, and will ultimately die sooner. We may protect the plates, make the battery to an extent self-regenerative, as the body is, but in the main the waste is in excess of the supply, and the wear is certain as the day. Men of letters, men of business who do their business through other hands and do great business, and men immersed in politics, suffer much the same kind of effects from overwork. They induce in themselves, usually, when they suffer from this cause, one or other of the following maladies: Cardiac melancholy or broken

heart; dyspepsia, accompanied with great loss of phosphorus from the body; diabetes, consumption, paralysis, local and general; apoplexy, insanity, premature old age. They also suffer more than other men from the effects of ordinary disorders. They bear pain indifferently, can tolerate no lowering measures, are left long prostrated by simple depressing maladies, and acquire, in some instances, a morbid sensibility which is reflected in every direction; so that briskness of action becomes irritability; and quiet, seclusion and moroseness. They dislike themselves, and feel that they must be disliked, and if they attempt to be joyous, they lapse into shame at having dissembled, and fall again into gloom.—*Social Science Review.*

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Difference between the Larynx of the White Man and of the Negro.—Dr. GIBB recently exhibited to the Medical Society of London, the larynx of a negro, and pointed out the differences between it and that of the white man. These consisted in the great size of the cartilages of Wrisberg, which were either absent or quite rudimentary in the white man, and of large size in the quadrumana. The vocal cords, in place of being flat and horizontal as in the white man, were more or less oblique from within outwards, their free border being elevated at a higher angle than their attached border, thus giving them a slanting or shelving direction outwards. The ventricles in the negro larynx take a direction outwards and downwards, so that any small body, such as a bead, placed upon the slanting vocal cord, would roll into the ventricle. In the white man the ventricle is situated external to, but immediately above, the plane of the true vocal cords. There were some other minute points of difference, but the foregoing were the three chief peculiarities which caused the larynx of the negro to more closely approximate the same organ in the quadrumana than it did the larynx of the white man.

The President remarked that these were important points added to others, as the feet, woolly hair, muscles, &c., all set forth by Dr. Hunt at the Anthropological Society. There did not seem to be as much attention paid to the internal organs. Mr. Nunn had found a peculiarity in the origin of the vessels from the arch of the aorta in the negro such as exists in the monkey tribe. It occasionally occurs in the white man, but in the negro it was more common and striking. He had seen the cartilages of Wrisberg sometimes largely developed in the white man.—*Lancet*, April 9, 1864.

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Improvements in the Paris Hospitals.—The physicians attending the Hospital Cochin, in Paris, having observed, for some years past, several cases of puerperal fever among the women there, and of which they have not been able to discover the cause, have determined to make a change in the arrangements. They have resolved that the wards devoted to female patients shall be occasionally closed; that is, when a ward shall have been occupied for several months, it shall be left vacant for some time, and exposed to a current of air. In order to assist in carrying out this arrangement, the Municipal Council of Paris are about to build a large addition to the hospital. The new building is to contain four wards for women. Three only of them are to be occupied at a time, and one left vacant. Another improvement is about to be introduced into the Paris hospitals. A sitting room is to be attached to each dormitory, so that when a patient is sufficiently recovered to leave his bed, he may have a place to read, or to play at some innocent game, such as chess or draughts. Besides assisting in a perfect recovery of the convalescents, this plan will enable the patients confined to their beds to enjoy more quiet.—*Lancet*, March 26, 1864.

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Medical Matters in France.—The following *exposé* of the situation of matters medical in France is taken, in summary, from the *Moniteur*. From the 1st of January, 1858, to the 15th of October, 1863, there have been 36,436 patients, most of them convalescent from hospitals, received into the Imperial Asylum at Vincennes; 150 beds are to be added to it. Also 10,000 convalescent workmen have been received into the Imperial Asylum at Vésinet. Five new establishments, destined for orphans, the blind, the indigent sick, and workmen out of employ, have been declared works of public utility in five of the departments. By an imperial decree, the public lunatic asylums are to be reorganized. New asylums will be opened. In the department of La Seine, two vast agricultural asylums have been commenced, and a clinical esta-

blishment, where the principal types of lunacy may be studied. The new method of teaching the indigent deaf and dumb has been adopted by the government, and introduced into the primary schools. At the Faculty of Medicine of Paris, six supplementary courses of practical medical studies have been established. The system of *concours* for *chefs de clinique* in the faculty has also produced excellent results. The number of students has increased in all the different faculties. In 1860, the number of diplomas delivered in all the faculties was 7,233; in 1861, it was 7,819; and in 1862, it was 8,326. The preparatory schools of medicine and pharmacy remain stationary. The scientific collections of the faculties and of their libraries have increased. The museums of physics and the chemistry laboratories have received considerable additions. A special laboratory of physiology has been established at the Faculty of Medicine of Paris, and new dissecting-rooms built at the Ecole Pratique, and a new chemical laboratory built at the School of Pharmacy. The Commission appointed in 1861 to revise the *Pharmacopœia* "is actively pursuing its labours, and will before long apprise the world of the results of its labours." At Tours and at Lille, a chair of physiology and a chair of natural history have been formed.—*British Med. Journ.*, Jan. 9, 1864.

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The Knife and Saw versus Constricting and Breaking.—Two Paris surgeons of reputation, Messrs. Maisonneuve and Chassaignac, seem to have bid adieu to the knife and saw, and taken to constricting of soft parts, and snapping of bone. The dread which some patients express at the usual surgical instruments is sometimes very great; but what would they say were they to know all the horrors accompanying the amputation of a limb by first breaking the bone, through the soft parts, by means of a *crusher*, and then dividing these parts with relays of chains and whipcord? M. Chassaignac has ridden his hobby so far as to perform lithotomy with his chain; and M. Maisonneuve has amputated the thigh by breaking and tearing. All these distressing proceedings are undertaken with a view of preventing hæmorrhage and purulent infection; but, in spite of twisting and snapping, the parts *do* bleed, and patients *do* die after the operations. It is with these methods as with all the theories of medicine which have from time to time been propounded: too much universality is attempted; and exaggeration spoils the good which moderation might have produced. *La France Médicale* (of March 16th) states that M. Maisonneuve removed a tubercular testis by constricting skin and cord to separation, No bleeding ensued. When suppuration had begun, serrefines were used, and the patient did well. We beg, nevertheless, to say, that constriction of the structures which compose the cord may act injuriously on parts within the abdomen. And we add, that when a portion of the frame is removed, a little bleeding does no harm, if there is no special counter indication. The same system, with hemp cord, was adopted for a cancer of the lip: three threads were passed through the base, and the three loops twisted until the tumour fell off. Here, again, no dressings were applied, and healing took place rapidly after suppuration.

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Practice of Medicine at Rome.—Dr. MORIARTY, of Dieppe, in a communication to a French journal, states that it is at the Pharmacies, indicated by the single word "Farmacia," that the doctors hold their consultations every day at fixed hours, at the modest sum of a franc per head. It is there, and not to their own houses, that all communications are addressed to them. "Our *confrères* at Rome, who are modest, polite, and communicative, seem to lead a kind of nomad life. When you ask them their address, the great probability is, that they will give you that of a Pharmacien; and I recollect the astonishment with which a young physician regarded the announcement of my intention of paying him a visit at his own house. The usual mode of remunerating the profession is by annual contract, the sum of 200 francs per annum being the sum generally paid by a prince for attendance upon himself, family, and servants. When there is a vacancy in a commune for a doctor, one is engaged, with emoluments of from 500 to 1000 francs per annum. It is not very long since that a meeting took place in a commune, with the object of presenting to a doctor a testimonial for the zeal, skill, and humanity which he had constantly exhibited during twenty years. The proceedings were published;

and after a whole column had been devoted to the recital of the praises of this worthy man, it was announced that a sum of *about fifty francs* had been allotted to him."—*Med. Times & Gaz.*, Feb. 27, 1864.

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General Council of Medical Education and Registration of Great Britain.—It appears from the following editorial remarks in the *Medical Times and Gazette* (April 2, 1864) that the great benefits which were expected from the action of this council have not been realized. Whether this is the fault of the medical act or of the council does not distinctly appear, but, most probably the former. We have long had our suspicions that legislative enactments for the regulation of the profession, generally resulted to our disadvantage, since it is impossible to impress legislators with the just merits of the case, and to induce them to enact laws calculated to remedy the evils under which the profession and the ignorant public suffer.

"The recent taste the Profession have had of legislation is by no means appetizing. Our experience of the past begins with a poll-tax, and culminates in the British Pharmacopœia. Any other reminiscence left by the working of the act or the exertions of the Medical Council is of the most shadowy description. The benefits which were to be conferred turn out to be wholly imaginary. The only tangible thing we have got is a Register, in which heretics and ortho dox are indiscriminately mixed, and a Pharmacopœia which is so faulty that it has just been publicly stigmatized by the President of the Royal College of Physicians. We do not now stop to inquire whether this entire failure is the fault of the Medical Act or of the medical Council. The broad fact remains that a legislative enactment, which has been only obtained after years of exertion, and which has cost the Profession an enormous sum of money, has proved utterly futile and unremunerative. It might reasonably be held that the complete failure of so costly an experiment should at least postpone its repetition for some time. But there is a class of medical politicians who are so wedded to the principle of State interference that they can only see in all that has passed a reason for repeating the process. They fully acknowledge that legislation has been a dead failure, but they think that the remedy for the failure is more legislation. One of the most influential of our medical contemporaries holds this opinion. Like Dr. Sangrado, when the patient dies after the fifth bleeding, and a proportionate quantity of hot water, it in effect gravely asserts that death took place from his not having drunk more water and lost more blood."

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Smallpox in Madras.—From a recent return it appears that the deaths from small pox in the Madras Presidency amount to 20,000 annually.

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A Family of Giants.—Robert Hales, known as the Norfolk Giant, died of consumption on the 22d November. Hales was 43 years of age. His father was 6 feet 6 inches in height, and his mother 6 feet. An ancestor of his mother's was said to have been that famous warder of bluff King Hal, who stood 8 feet 4 inches in height. Of such Patagonian parents the progeny were worthy; the boys averaged 6 feet 5 inches each, and the girls 6 feet 3½ inches. Robert was the flower of the flock, and stood 7 feet 6 inches, weighing 452 lbs. One of his sisters, with whom he exhibited some years ago, was 7 feet 2 inches, but she died in 1842, being then only 20 years of age. Hales was stout in proportion to his height, though somewhat clumsily put together. When in his prime he was 64 inches round the chest, 62 round the waist, 36 across the shoulders, and 21 round the calf of the leg.—*Brit. Med. Journ.*, Dec. 5, 1863.

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Obituary Record.—Died, at Berlin, on the 24th of February last, J. L. Casper, M. D., the celebrated Professor of Forensic Medicine in the University of that city.

—— at Bamberg, Bavaria, Jan. 23, 1864, of stricture of the trachea, Professor Schönlein, aged 70 years. Professor S. enjoyed great reputation as a clinical teacher and for his skill in diagnosis. He was successively professor at Wurtzburg, Zurich, and Berlin, but for the last few years he has resided at his native place, Bamberg.

—— Berlin, on the 28th of January last, Henry Rose, the celebrated Professor of Chemistry of that city.